

AFFIX
SUBJECT ID LABEL
HERE

1) Index B1a \geq Prenatal B2a
2) B3b before B1a
3) B3b after B2a

#1 B2a 1st PNC
#2 B3b ETOH asses.
#3 B1a Index

ALCOHOL ASSESSMENT PROJECT
Retrospective Medical Record Abstraction Form

Section A. General Information

1. Client's Age: years
2. Any notation of alcohol assessment on the intake form? 1 ☐ Yes 2 ☐ No \rightarrow SKIP TO Q.5
- 3a. Is frequency of alcohol use noted? 1 ☐ Yes 2 ☐ No 3b. IF YES: How often?
- 4a. Is quantity of alcohol noted? 1 ☐ Yes 2 ☐ No 4b. IF YES: How much?
5. Is the woman in the prenatal sample? 1 ☐ Yes 2 ☐ No \rightarrow SKIP TO SECTION C

Section B. Visit Information for Pregnant Women

- 1a. Date of INDEX prenatal care visit: - -
mm dd yyyy
- 1b. Any notation of alcohol assessment or counseling during the index visit? 1 ☐ Yes 2 ☐ No
- 1c. Name of health care provider for index visit:
- 2a. Date of FIRST prenatal care visit: - -
mm dd yyyy
- 2b. Any notation of alcohol assessment or counseling during the 1st prenatal care visit? 1 ☐ Yes 2 ☐ No
- 3a. Notation of alcohol assessment or counseling during any other prenatal care visits?
1 ☐ Yes 2 ☐ No \rightarrow SKIP TO SECTION D
- 3b. Record up to 2 dates on which alcohol assessment or counseling notation was made:
 - -
mm dd yyyy mm dd yyyy

SKIP TO SECTION D

Section C. Visit Information for Non -Pregnant Women

- 1a. Date of INDEX well care visit: - -
mm dd yyyy
- 1b. Any notation of alcohol assessment or counseling during index well care visit? 1 ☐ Yes 2 ☐ No
- 1c. Name of health care provider for index well care visit:
- 2a. Date of FIRST previous well care visit: - -
mm dd yyyy -7 ☐ No previous visits
 \rightarrow SKIP TO SECTION D
- 2b. Any notation of alcohol assessment or counseling during 1st previous well care visit? 1 ☐ Yes 2 ☐ No
- 3a. Date of SECOND previous well care visit: - -
mm dd yyyy -7 ☐ No previous visit
 \rightarrow SKIP TO SECTION D
- 3b. Any notation of alcohol assessment or counseling during 2nd previous well care visit? 1 ☐ Yes 2 ☐ No

Section D. Completion of Form

1. Abstractor's ID:
2. Date form completed: - -
mm dd yyyy